

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T-G		5/7
O.I.P.E. CLASSIFIER		49	5/25/01
FORMALITY REVIEW	gm	30864	6/29/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

BEST AVAILABLE COPY

Claim	Date
1	2/15/01
2	2/15/01
3	2/15/01
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Claim	Date
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If more than 150 claims or 10 actions  
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ms  
06/29/01